

## MONTANA BOARD of BARBERS and COSMETOLOGISTS

Phone: (406) 841-2335

Email: [dlibsdcos@mt.gov](mailto:dlibsdcos@mt.gov)

Website: [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)

### **BARBER SHOP LICENSE - GENERAL INFORMATION:**

**APPLICATION:** Barber Shop licenses are valid for a one-year period – July 1<sup>st</sup> through July 1<sup>st</sup>. License periods are not prorated. To open and/or operate a Barber Shop in Montana, you must submit a completed Montana Board of Barbers and Cosmetologists application. The application must be submitted with all required documentation and appropriate fees, have an original signature and be notarized.

▪ **FEES: All fees are non-refundable and licenses are not prorated.**

Initial license and inspection fee	\$150.00
Annual renewal fee	\$ 50.00

**Must be submitted with this application**  
(Do not submit this renewal fee with this application)

**Completed applications and fees must be sent to:**

**Montana Board of Barbers and Cosmetologists, PO Box 200513, Helena, MT 59620-0513.**  
(Make check payable to: Montana Board of Barbers and Cosmetologists)

Fees submitted with applications to the board are non-refundable in accordance with ARM 24.121.401 (20).

### **IMPORTANT INFORMATION:**

- ▶ A shop (establishment) may not engage in performing cosmetology services until the shop receives, from the Montana Board of Barbers and Cosmetologists, a valid license to be posted in public view.
- ▶ A Shop license is not transferable. Buyers of existing salons must apply for a new shop license and may not operate until the new shop license is received and posted in public view.
- ▶ All shop license applications are reviewed for compliance with current rules. Buyers of existing salons are encouraged to make any corrections needed to comply with current rules. Previously allowed variances are not transferable with ownership.
- ▶ Salons that have changed location or ownership must complete a new shop application and pay all appropriate fees.
- ▶ Rule variances require Board approval. A variance request application can be found on the Board's web site. Please note the Board meets once every three months and variance requests can cause application processing to be delayed while awaiting Board review.
- ▶ Upon receipt of a completed application and appropriate fees, the board office will process the shop application in the order in which it was received. If the application is approved, a 90-day temporary conditional shop permit will be issued and mailed to the shop.
- ▶ The Board inspects each salon. Upon completion and full compliance with the annual shop inspection and regulations, a renewable shop license will be issued. Shop licenses expire on July 1<sup>st</sup> of each year.
- ▶ Please note that the physical address of the shop location is required, regardless of the mailing address.
- ▶ **The Board office is allowed ten working days to process a routine application. Applications that include variance requests can and usually do take longer.**

*Do not return this page with your application. Keep this page for your records.*

### **Barber Shop Application Checklist:**

- ☐ Completed Montana Board of Barbers and Cosmetologists Barber Shop Application
- ☐ Detailed floor plan drawing showing locations of; restroom(s), stations (indicate if electrology or manicure), dispensary area, shampoo bowl(s), reception area, hand washing sink(s) separate from those in restroom(s) (may be shampoo bowls), entrances and exits.
- ☐ Check or money order for \$150.00 payable to the Board of Barbers and Cosmetologists
- ☐ Application has been notarized
- ☐ Shop business phone number listed on application
- ☐ Shop physical address listed on application
- ☐ All owners have signed the application.
  - A sole proprietorship can only have a single owner, the sole proprietor's, and any license issued will only list this name.
  - A partnership must provide their federal tax ID number and list all owners and/or officers. Any licensed will be issued in the name of the partnership.
  - A corporation must provide their federal tax ID number and list all owners and/or officers. Limited liability corporations with only a single owner may use the owner's social security number. Any licensed will be issued in the name of the corporation.
  - A non-profit organization must provide their federal tax ID number and list all owners and/or officers. Any licensed will be issued in the name of the organization.

### **Additional Considerations: (recommended, not required for licensure)**

- ✓ The shop name has been registered with the Montana Secretary of State office.
- ✓ A copy of the current Board of Barbers and Cosmetologists rules, chapter 121, has been reviewed prior to making application for a shop license (can be found at [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)).
- ✓ A copy of the board approved blood spill procedure will be posted in the shop. A copy will be included with any shop license issued.

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### BARBER SHOP LICENSE APPLICATION

#### Application for Shop License:

(CHECK ALL THAT APPLY) ☐ Cosmetology ☐ Electrology ☐ Esthetic ☐ Manicure

Note: if the Shop will offer more than one of these services then the applicant will need to apply for a Barber Shop license.

Licenses are **non-transferable from one location to another and/or from one owner(s) to another**. Under Montana law, a change in location or Shop ownership requires the completion of a new Shop application and appropriate fees paid.

Fees will not be prorated for portions of the year. **Beginning in 2005, Shop licenses expire July 1<sup>st</sup> of each year.** Renewals are mailed to the salon's address and must be renewed by July 1<sup>st</sup> of each year.

**The Shop may not operate until a valid license is issued and posted in the Shop facility. All fees are nonrefundable.**

#### Section A 1. Business entity type:

Check one

☐ Sole Proprietorship

☐ General Partnership

☐ Limited Liability Partnership

☐ Limited Partnership

☐ Corporation

☐ Limited Liability Company

2. Business Entity Name: \_\_\_\_\_

#### Section B 3. Owners List ALL owners or, if a corporation, all officers:

Last	First	MI	Phone #	SS#
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Note: a Sole Proprietorship can only have a single owner. Licenses issued to sole proprietorships will only list the name of the owner who's social security number is used for the sole proprietor business.

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## Section C

4. SHOP BUSINESS NAME: \_\_\_\_\_
5. SHOP ADDRESS (Physical Address): \_\_\_\_\_  
Street including # City State Zip
6. SHOP MAILING ADDRESS: \_\_\_\_\_  
Street including # City State Zip
7. SHOP TELEPHONE NUMBER (406) \_\_\_\_\_ (406) \_\_\_\_\_  
Business Fax
8. SOCIAL SECURITY # \_\_\_\_\_ or BUSINESS TAX ID \_\_\_\_\_

**Note: If this is an existing shop changing ownership then please include a letter signed by the current owner attesting to the sale and instructing that their license be closed.**

## Section D 9. LIST SHOP BUSINESS HOURS:

Days Open	SUN	MON	TUES	WED	THURS	FRI	SAT
List Hours for Each Day							

10. TOTAL NUMBER OF BOOTHS/STATIONS AVAILABLE IN SHOP: \_\_\_\_\_
11. IS THE PROPOSED SHOP: ☐ Booth Rental Only ☐ Employee Only ☐ A Combination
12. IS THE SHOP LOCATED IN A: ☐ Commercial Building ☐ Residential Building

**Will this shop be located inside a private residence? If YES, please begin with question #13. If NO, please begin with question #16.**

13. If the Shop is located in a residence then according to Board ARM 24.121.1301(6)(a), there shall be a separate outside entrance into the salon. Is there a separate outside entrance directly into the salon? ☐ Yes ☐ No
14. Is the Shop separated from any living quarters? ☐ Yes ☐ No
15. Do clients have to walk through the residence to reach the restroom? ☐ Yes ☐ No
- Rule ARM 24.121.1505 (1)(c) - In a residential Shop or salon , clients shall not walk through any living area of the residence to access the restroom.
16. You must submit a blue print or very detailed floor plan drawn to scale, indicating the complete layout of the Shop to include: the dispensary area, shampoo area, reception area, location of restrooms showing sinks and toilets, stations & chairs, retail areas, sinks, manicuring area, electrology room or area, list dimensions of all floor space and list all entrances and exits. ☐ Yes ☐ No
- For RESIDENTIAL SALONS: Include in your detailed floor plan all entrances into the shop from the outside and the shop location relative to the rest of your home, including what level, stairs and restrooms facilities that are available for client use. The residential shop must have a separate entrance that permits clients to enter your salon from the outside *and* access a restroom without going through any portion of your private home.
17. Does the Shop have hot and cold running water connected to a sewage system within the confines of the salon? ☐ Yes ☐ No
18. Is there a public restroom facility available within the confines of the salon? If no, please obtain, complete and submit a variance application. ☐ Yes ☐ No

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19. Does the Shop have a separate sink (or shampoo bowl) in the work area other than the sink in the restroom? ☐ Yes ☐ No
20. Does the Shop have mechanical ventilation that changes air 4 times per hour for the entire cubic square feet of the salon? ☐ Yes ☐ No
21. Does the Shop have at least one wet covered sanitizers? ☐ Yes ☐ No
22. Does the Shop have at least one covered soiled linen container? ☐ Yes ☐ No
23. Does the Shop have at least one covered garbage container? ☐ Yes ☐ No
24. Does the Shop have at least one closed dust free cabinet to store clean towels? ☐ Yes ☐ No
25. Is all of the flooring in the Shop work, dispensary and restroom areas non-porous (not carpeted)? ☐ Yes ☐ No
26. Are there liquid soap dispensers available for hand washing? ☐ Yes ☐ No
27. Are single service towels or workable air blowers available for hand drying? ☐ Yes ☐ No
28. Is (will) the NIC Blood spill procedure posted in public view? ☐ Yes ☐ No
29. Has this location previously been licensed as a shop or salon?  
If yes, please indicate below. ☐ Yes ☐ No

Name of Previous Shop	Previous Owner's Name

30. Please list any other shop s or salons owned:

Name of Previous Shop	License # of Shop or Salon	Location of Salon	Is this Shop still open?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

32. Have any civil, criminal, legal or disciplinary action been filed against you or your business(es), which relates to your practice? If yes, attach a detailed explanation. ☐ Yes ☐ No
33. Has a licensing agency ever taken adverse or disciplinary action against you or your license? If yes, attach a detailed explanation. ☐ Yes ☐ No
34. Has a complaint ever been made against you? If yes, please explain? ☐ Yes ☐ No
35. Have you ever had a license or temporary operating permit(s) denied, revoked, or suspended? If yes, attach a detailed explanation. ☐ Yes ☐ No
36. Have you ever forfeited or surrendered your license(s) or temporary operating permit(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No

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**Initial license and inspection fee, \$150.00, must be submitted with this application.**

### **AFFIDAVIT**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Cosmetologists.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application. **For multiple owners of the salon, please have all partners, corporate officers or multiple owners sign the application.**

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
City/State

My commission expires \_\_\_\_\_, \_\_\_\_\_.

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